

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1955

State File No. 16738

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4250

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION route to homer G. Phillips		STREET ADDRESS 910 Biddle st. 2259	
3. NAME OF DECEASED (Type or Print) a. (First) Mildred b. (Middle) Ann c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1955	
5. SEX F	6. COLOR OR RACE N	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH 8-8-1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		11. BIRTHPLACE (City and State or Foreign Country) ST. Louis MO.	
13a. FATHER'S NAME Edward Jones		14. NAME OF HUSBAND OR WIFE Everlean Tanner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everlean Jones 910 Biddle St.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT (Specify) Accident		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Street	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) May 9 55 9p		21b. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from alive on 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 920 P. M., from the causes and on the date stated above.		23. DATE SIGNED 5/13/55	
24a. DATE REC'D BY LOCAL REG. MAY 13 1955		24b. REGISTRAR'S SIGNATURE Carl Smith	
24c. NAME OF CEMETERY OR CREMATORY father Dickson		24d. LOCATION (City, town, or county) (State) Hickwood Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Jackson		ADDRESS 2726 Dickson	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Paul V. Faerman

Licensed Embalmer No. 4684

P. O. Address 4779 Hammer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.